

PROBATE COURT GUARDIANSHIP QUESTIONNAIRE

Separate Questionnaire Needed For Each Proposed Guardian

(Attach additional pages as needed)

Case #:				Hearing Date:			
Name of Child (1):						DOB:	
Name of Child (2):						DOB:	
Name of Child (3):						DOB:	
Name of Child (4):						DOB:	
Address of Child (1):							
Address of Child (2):							
Address of Child (3):							
Address of Child (4):							
Proposed Guardian Information							
Name of Proposed Guardian:							
Other Names Used (Include maiden name):							
Relationship to Child:							
Age:		DOB:		Place of Birth:			
Address:				City:		State: Zip:	
Home Phone:				Business Phone:			
Sex:		Height:		Weight:		Eyes: Hair:	
Driver's License No.				Social Security No.			
Provide previous residential history (Past 10 years):							
Natural Mother of Child							
Name:							
Address:							
(If unknown, last known address)							
City:			State:		Zip:		Phone:
Height:		Weight:		Eyes:		Hair:	
Driver's License No.				Social Security No.			
DOB:			Place of Birth:				
Date and location of last contact with child:							

Natural Father of Child (1)			
Name:			
Address: (If unknown, last known address)			
City:	State:	Zip:	Phone:
Height:	Weight:	Eyes:	Hair:
Driver's License No.		Social Security No.	
DOB:	Place of Birth:		
Date and location of last contact with child:			
Natural Father of Child (2)			
Name:			
Address: (If unknown, last known address)			
City:	State:	Zip:	Phone:
Height:	Weight:	Eyes:	Hair:
Driver's License No.		Social Security No.	
DOB:	Place of Birth:		
Date and location of last contact with child:			
Natural Father of Child (3)			
Name:			
Address: (If unknown, last known address)			
City:	State:	Zip:	Phone:
Height:	Weight:	Eyes:	Hair:
Driver's License No.		Social Security No.	
DOB:	Place of Birth:		
Date and location of last contact with child:			
Natural Father of Child (4)			
Name:			
Address: (If unknown, last known address)			
City:	State:	Zip:	Phone:
Height:	Weight:	Eyes:	Hair:
Driver's License No.		Social Security No.	
DOB:	Place of Birth:		
Date and location of last contact with child:			
Other Children of Mother or Father			
Name:	Age:	DOB:	Address (with whom?):

Employment Data of Proposed Guardian				
Occupation:				
If unemployed, what are your employment plans?				
Present or last employer:			Address:	
Work days & hours:	Employment began:		Ended:	
Previous Employer:				
Employment began:			Ended:	
Reason ended:				
Marital History of Proposed Guardian (List all marriages)				
Name (To Whom)	Date & Place	How Terminated (Divorce, Death)	Date Separated	Final
How would you rate the stability of your current marriage?				
Was there ever any domestic violence in any of the marriages? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, please explain:				
Proposed Guardian's Children (Include adult children, first & last names)				
Name (list all)	Age	DOB	Children's Address (If different than parent)	
Do any of the Proposed Guardian's children have criminal histories or involvement with Child Protective Services? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:				

Professional Practitioners of Proposed Guardian (Medical doctors, psychiatrists, psychologists, counselors, social workers, etc.)			
Name & Title	Last Contact	Address	Phone
Education			
High School graduate?	Year:	Where:	
If not, grade last attended:		Age left school:	
Reason for leaving:			
College or University Attended	Degree/Units	Major	
Health			
Insurance:			
Present health status: Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>			
If fair or poor, please explain:			
Special health problems:			
Have you ever had a substance abuse problem with any of the following?			
Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No Drugs <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes to any of the above, please explain:			
List all medications currently taking:			
Criminal Record			
Have charges ever been filed against you for any crime other than a traffic violation?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:			
List Arrests	Where	When	Charge
Are you currently on Probation?		Officer's Name:	
Are you currently on Parole?		Agent's Name:	
Have you ever been involved with Child Protective Services?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			

Family Functioning of Proposed Guardian				
Do you have a religious affiliation? <input type="checkbox"/> Yes <input type="checkbox"/> No Place of Worship?				
What types of activities do you participate in as a family?				
Housing				
Rent <input type="checkbox"/> Own <input type="checkbox"/> Buying <input type="checkbox"/> Amount per month: \$				
How many bedrooms? House <input type="checkbox"/> Apartment <input type="checkbox"/>				
Do you plan to remain in this residence? If not, where?				
Plans for Child Care (If needed)				
Name:		Address:		Phone:
Relationship to child:				Hours
Name:		Address:		Phone:
Relationship to child:				Hours
Others in Household				
Name	DOB	Relation to Guardian	Driver's License Number	Social Security Number
Minor (1) History – Professional Practitioners (Medical doctors, psychiatrists, psychologists, counselors, social workers, etc.)				
Name & Title	Last Contact	Address		Phone
Minor's present health status: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor				
If fair or poor, please explain:				
Special health problems:				
Minor (2) History – Professional Practitioners (Medical doctors, psychiatrists, psychologists, counselors, social workers, etc.)				

Name & Title	Last Contact	Address	Phone
Minor's present health status: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor If fair or poor, please explain:			
Special health problems:			
Minor (3) History – Professional Practitioners (Medical doctors, psychiatrists, psychologists, counselors, social workers, etc.)			
Name & Title	Last Contact	Address	Phone
Minor's present health status: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor If fair or poor, please explain:			
Special health problems:			
Minor (4) History – Professional Practitioners (Medical doctors, psychiatrists, psychologists, counselors, social workers, etc.)			
Name & Title	Last Contact	Address	Phone
Minor's present health status: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor If fair or poor, please explain:			
Special health problems:			

School of Child (1)	
Is the minor currently enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, where?	What grade?
What are the minor's grades?	
Does the minor participate in extracurricular activities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what activities?	
School of Child (2)	
Is the minor currently enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, where?	What grade?
What are the minor's grades?	
Does the minor participate in extracurricular activities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what activities?	
School of Child (3)	
Is the minor currently enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, where?	What grade?
What are the minor's grades?	
Does the minor participate in extracurricular activities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what activities?	
School of Child (4)	
Is the minor currently enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, where?	What grade?
What are the minor's grades?	
Does the minor participate in extracurricular activities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what activities?	

Summary of Views

Please summarize your views and concerns as clearly as possible on the following pages. Please attach additional pages as necessary. Please reference the question number on additional pages.

1. Why are you seeking guardianship of the child?
2. If the child lives with you, when did you obtain custody and how? Do the child's parents agree with the proposed guardianship?
3. Is there anyone who opposes your guardianship? Please explain.
4. How do you plan to discipline the child?

5. If you are a grandparent seeking guardianship, what would you do differently in raising this grandchild to prevent the same problems that happened with your own children?
6. Does the child have any special problems? How are you qualified to help with those problems?
7. What do you believe the minor's parent(s) need to do in order to terminate the Guardianship?

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature

Date